ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name), 2 C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 19 (12 Yes If YES, enter delivery address below: 12 No
William Loomis, Esquire Office of Attorney General 700 w. Jefferson Street P.O. Box 83720 Boise, ID 83720	
	3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	2780 0000 2178 6180
S Form 3811, February 2004 Domestic F	teturn Receipt 102595-02-M-154



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